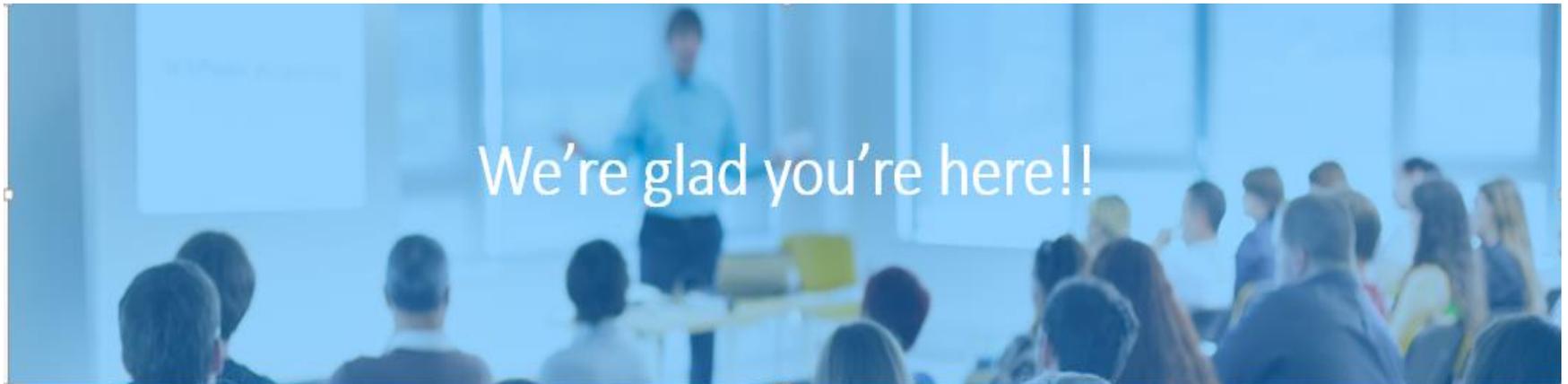


Amerigroup Iowa LTSS

Community Based Case Management



TRAINING OBJECTIVES

At the end of this training opportunity, the learner will be able to:

1. Clarify the definition, criteria and goals of the LTSS Case Management program
2. Explain the roles of the Community Based Case Manager (CBCM)
3. Understand the LTSS case management structure
4. Understand the CBCM workflow
5. Define the scope of interactions of the CBCM's

Our Culture is Our Foundation

OUR MISSION

Improving Lives and Communities. Simplifying Healthcare. Expecting More.

OUR VISION

Be the most innovative, valuable and inclusive partner.

OUR VALUES

LEADERSHIP

—
Redefine what's possible.

COMMUNITY

—
Committed, connected, invested.

INTEGRITY

—
Do the right thing, with a spirit of excellence.

AGILITY

—
Deliver today – transform tomorrow.

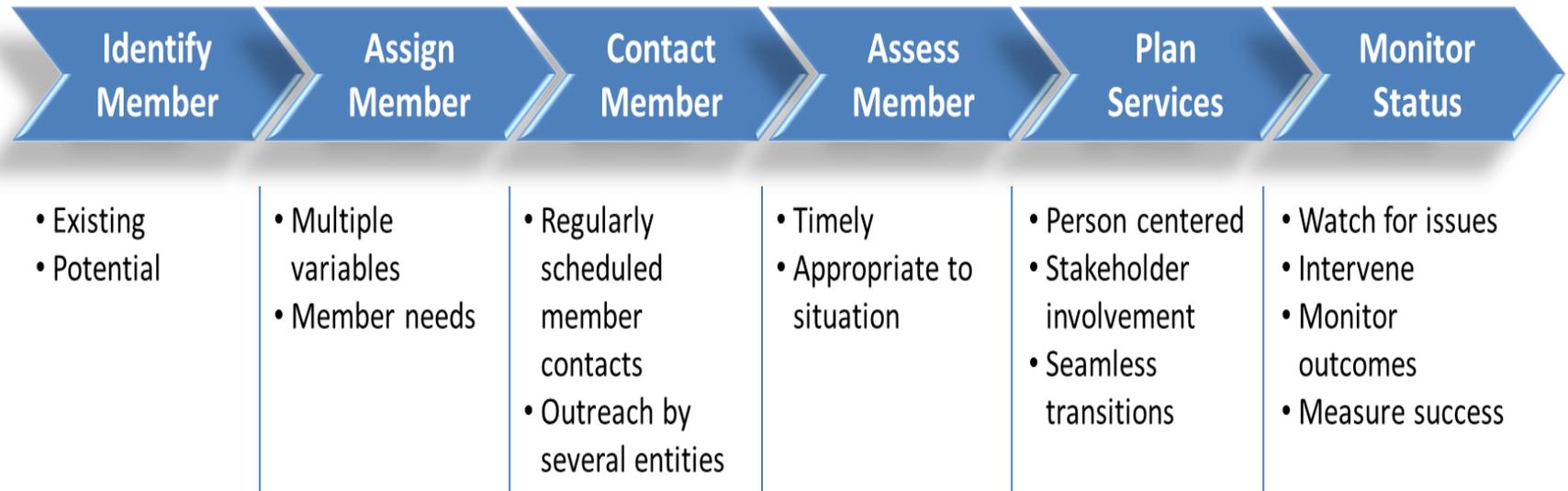
DIVERSITY

—
Open your hearts and minds.



An Anthem Company

Case Management Structure



Amerigroup Goals

- Provide a Person Centered Service Coordination Model that delivers high quality, integrated, culturally-competent service coordination for the LTSS member population.
- Support member's choice to live as independently as possible in their homes and communities.

How we meet our goals

Amerigroup LTSS meets this goal by utilizing qualified staff and ensuring that they are equipped with the tools and resources necessary to identify and assess the physical, behavioral, cognitive, functional, environmental, and social needs of members in the most cost-effective manner through regular contact.

Amerigroup case managers conduct conflict-free, end to end case management conforming to Balancing Incentive Program (BIP) standards.



An Anthem Company

Who do I contact?

- Questions regarding member needs or changes in member condition please contact the members CBCM
- Questions regarding claims and billing are handled by your Provider Network representative.
- Amerigroup Member Services 1-800-600-4441
- Amerigroup Provider Services 1-800-454-3730

- CBCM and Regional Managers are available by email and cell phone. The map on the next slide has regional contact details.

Roles & Responsibilities

- **Service Coordination:**
 - Waiver Members
 - Facility Members

- **Assessments**
 - Initial Level Of Care (LOC) for waitlist members
 - Ongoing annual eligibility assessments
 - Significant change in status

Roles & Responsibilities

- **Person Centered Support Plans**

- At least every 12 months, at a minimum.
- When the member experiences a significant change in circumstance (i.e. loss/change of caregiver or residence, or functional or health status)
- At the request of the member or their representative (with member's consent).
- Explore work or volunteer activities, learning experiences, recreation, and optimize member choice regarding services and supports.

Roles & Responsibilities

- **Person Centered Support Plans**

- Created with person first language and person centered thinking.
- Connect member goals to quality of life.
- Identify goals that are important to the member as well as goals important for the member.

- **Level of Care Determination**

- Amerigroup member completes an application for waiver services and submits to IME.
- IME will determine if a waiver slot is available.
- If no waiver slot is available member will be placed on a waiting list.
- Once IME opens the member's waiver slot- AGP will be notified member is pending level of care.

Roles & Responsibilities

- **Member Contact**

- Quarterly face to face visits for ongoing monitoring of service provision
- Monthly phone calls to monitor member status and satisfaction with services.
- Member calls as needed to problem solve, and advocate.
- Annual Person Centered Support Plan meetings.

Roles & Responsibilities

- **Transitions**

- Facility to community
 - Section Q (MDS) referrals from facilities.
 - Member initiated requests
 - PASRR short term stay collaboration
- Community to facility
 - Assist with placement suggestions
 - Transition meetings
 - Follow up post transition

Roles & Responsibilities

- **Support**

- Review facility Preadmission Screening and Resident Review (PASRR) Level II for compliance of specialized services.
- Assist in redirecting providers to the appropriate supports in Amerigroup.
- Provide referrals to providers.

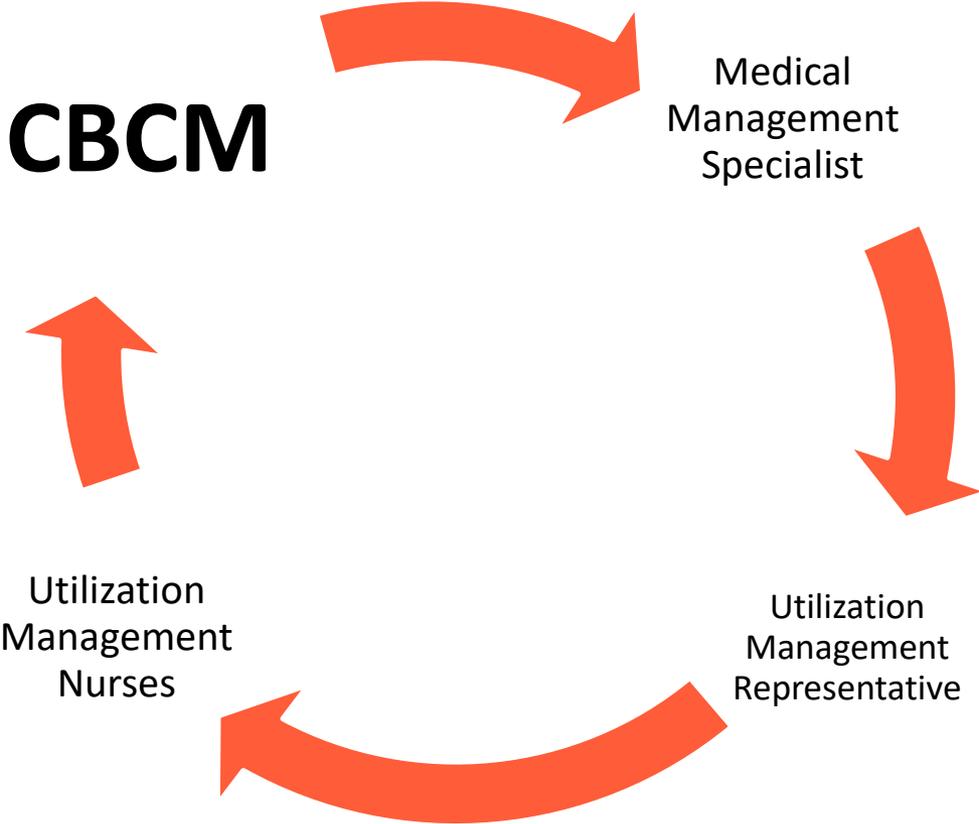
Utilization Management (UM)

The goal is for the member to:

- Receive the right services
- At the right time
- In the right place



It all starts and ends with the CBCM



Submission of Authorizations

Submitted via:

- **CBCM** (waiver services)
- **Fax** – submitted by provider
- **Web** portal – entered via the web
- **Phone** – call taken by an associate and entered in

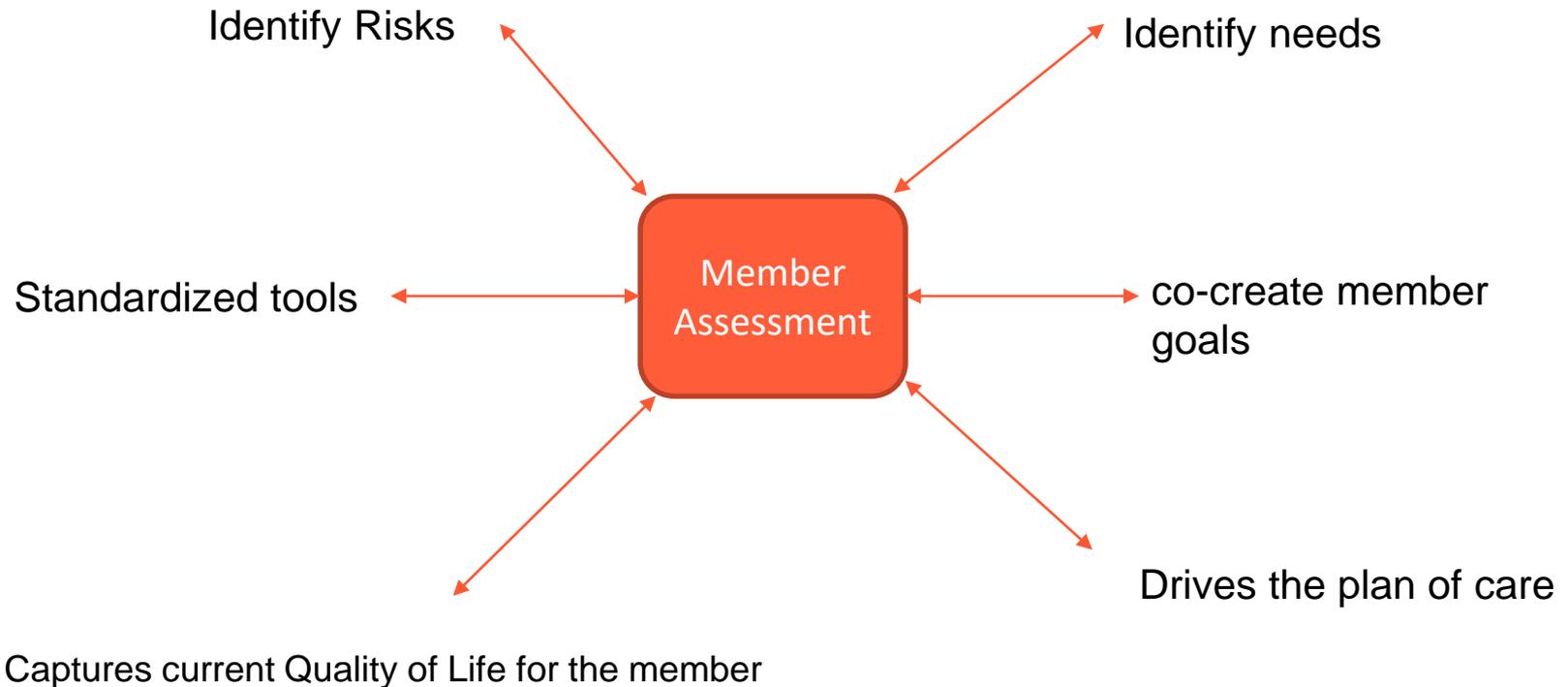
Utilization Management

Reasons for redirection of requests:

- Additional documentation needed
- Lack of medical necessity
- Requests for services must be connected to a goal

Denials are only by Medical Director Review

Purpose of assessments



Level of Care Process

- All assessments shall be conflict-free and firewalled from case management and utilization management functions.
- Assessments are completed only by a trained assessor.
- An assessor must go through specific training for each assessment to be conducted.
- Members and chosen team members shall receive notice to schedule no less than 14 days prior to current assessment end date.
- Members and chosen team members shall receive a copy of the completed assessment within three (3) business days of the assessment

Which assessment should be conducted

- Amerigroup follows the administrative rules requiring the use of specifically named standardized assessment tools for determining level of care for each of the HCBS Waiver programs and the needs based eligibility for the HCBS Habilitation program.
- Amerigroup has certified assessors for conducting the Supports Intensity Scale (SIS) for our Intellectual Disability Waiver members.
- Amerigroup has trained assessors ready to conduct the Mayo-Portland Adaptability Inventory specific to our Brain Injury waiver members.
- State mandated assessments on next slide

Waiver/Service Type	Age	DHS Designated Assessment Tool
AIDS/HIV	0 - 3	Case Management (CM) Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
AIDS/HIV with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
AIDS/HIV with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Brain Injury (BI)	0 - 3	CM Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
BI with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
BI with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Elderly	65 +	interRAI - Home Care (HC)
Elderly with Habilitation	65 +	interRAI - Community Mental Health (CMH)
Health and Disability (HD)	0 - 3	CM Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 - 64	interRAI - Home Care (HC)
HD with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
HD with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Intellectual Disability (ID)	0 - 4	CM Comprehensive Assessment
	5 - 15	Supports Intensity Scale - Child (SIS-C)
	16+	Supports Intensity Scale - Adult (SIS-A)
ID with Habilitation	16 +	Supports Intensity Scale - Adult (SIS-A)
Physical Disability (PD)	18 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
PD with Habilitation	18	inter-RAI Child and Youth Mental Health (ChYMH)
PD with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Habilitation Services	16 - 18	interRAI - Child and Youth Mental Health (ChYMH)
	19 +	interRAI - Community Mental Health (CMH)



Assessments can be completed under the following conditions:

- When the Department of Human Services requests a pending level of care for waitlist members
- Up to 90 days prior to the annual Continued Stay Review date
- When a significant change in member condition is identified
- At the request of the member or member representative
- Priority needs assessment
- Emergency needs assessment



Level Of Care Determination

- Amerigroup (AGP) Medicaid eligible member complete an application for waiver services and submits to Iowa Medicaid Enterprise (IME).
- IME will determine if a waiver slot is available.
- If no waiver slot is available member will be placed on a waiting list.
- Once IME opens the member's waiver slot- Amerigroup will be notified member is pending level of care.

Pending Level of Care

- AGP will contact and schedule an assessment with member and team of their choosing
- AGP will gather all required documentation
- AGP then uploads all needed information to IMPA for IME to determine member's initial Level of Care
- Once Waiver is approved by IME and AGP is notified a CBCM is assigned to the member and initial plan of care meeting is scheduled.



Recap and close





Thank you!

Questions????

